

Exhibit A

| UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK | | | Claim #4966 Date Filed: 11/15/2012 |
|---|--|--|---|
| Name of Debtor and Case Number: Residential Capital, LLC, Case No. 12-12020 | | | |
| NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) arising after the commencement of the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) may be filed pursuant to 11 U.S.C. § 503. | | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): Phenon Walker | | | <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ |
| Name and address where notices should be sent: Edgewater Trust c/o Phenon Walker 13880 Edgewater Drive Lakewood, Ohio 44107 | | | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. |
| Telephone number: (440) 779-0333 email: edgewatertrust@yahoo.com | | | 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(). |
| Name and address where payment should be sent (if different from above): Phenon Walker 13880 Edgewater Drive Lakewood, Ohio 44107 | | | |
| Telephone number: _____ email: _____ | | | |
| 1. Amount of Claim as of Date Case Filed: \$ _____ If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. | | | |
| 2. Basis for Claim: Insurance reimbursement claim funds (See instruction #2) | | | |
| 3. Last four digits of any number by which creditor identifies debtor: 5673 | 3a. Debtor may have scheduled account as: \$18,950.20 (See instruction #3a) | 3b. Uniform Claim Identifier (optional): (See instruction #3b) | |
| 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ 18,950.20 | | | |
| 6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 14, 2012, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____ (See instruction #6) | | | |
| 7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7) | | | |
| 8. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: | | | |
| 9. Signature: (See instruction #9) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.) (Attach copy of power of attorney, if any.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: Phenon Walker Title: _____ Company: _____ Address and telephone number (if different from notice address above): 13880 Edgewater Drive Lakewood Ohio 44107 13880 Edgewater Drive Lakewood Ohio 44107 Telephone number: (216) 221-8222 Email: edgewatertrust@yahoo.com | | | |
| Signature: _____ (Date) 11/12/12 | | | <div style="text-align: center; border: 1px solid black; padding: 10px;">RECEIVED NOV 15 2012 KURTZMAN CARSON CONSULTANTS</div> |



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| REPLACEMENT COST ESTIMATE: The amount to repair your property properly. | \$3085.25 |
| LESS CONTRACTORS PROFIT AND OVERHEAD: Withheld Profit & Overhead will be allowed if a contractor is used to complete repairs. Please submit the final repair invoices. | (\$0) |
| LESS NON-REFUNDABLE DEPRECIATION: The amount that you cannot recover. These item(s) are paid at actual cash value only. Fountain | (\$560.00) |
| REPLACEMENT COST AVAILABLE: The amount to properly repair your property properly less the non refundable depreciation. | \$2505.25 |
| LESS REFUNDABLE DEPRECIATION: This amount deducted from the replacement cost to determine the actual cash value payment. This is the maximum that can be refunded after repairs are complete. | (\$172.15) |
| LESS DEDUCTIBLE: This amount is your responsibility. | (\$1000.00) |
| LESS OTHER DEDUCTIONS: | (\$0) |
| ACTUAL CASH VALUE PAYMENT (This is the amount of the loss payment issued) | \$1333.10 |

If more damages are found, you should inform us immediately and allow inspection before repairs are made. Not doing so may affect coverage and/or payment for these damages. We reserve the right to inspect the property or require more information before additional payment is made.

To protect your privacy and security, please remove or "black out" sensitive information on any document you submit. Our policy is to protect all personal information submitted.

Finally, under the terms of the Policy, there is a suit limitation provision requiring any suit or action with regard to a claim to be filed within one year after the above captioned date of loss.

We are now closing our file.

If you have any questions, please contact our office at the number below.

The State of Ohio provides that we advise you of the following notice: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Sincerely,



Randell Furnh
Claims Specialist
Meritplan Insurance Company
Phone: 1.888.898.1546
Fax: 1.866.336.3804

Please be advised QBE FIRST Insurance Agency, Inc. is the managing general agent and/or program manager responding on behalf of the above listed insurer, and its designated third party administrator, QBE Americas, Inc.

Encl.: Damage Report

CC: Phenon Walker
GMAC Mortgage, LLC

| | |
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| DAMAGE EVALUATION | |
| REPLACEMENT COST ESTIMATE: The amount to properly repair your property. | \$6,288.54 |
| LESS CONTRACTORS PROFIT AND OVERHEAD: Withheld Profit & Overhead will be allowed if a contractor is used to complete repairs. Please submit the final repair invoices. | (\$1,027.94) |
| LESS NON-REFUNDABLE DEPRECIATION: The amount that you cannot recover. These item(s) are paid at actual cash value only: Replacement of the Section of the Chain Link Fence Unit | (\$61.81) |
| REPLACEMENT COST AVAILABLE: The amount to properly repair your property properly less the non refundable depreciation. | \$5,196.79 |
| LESS REFUNDABLE DEPRECIATION: This amount deducted from the replacement cost to determine the actual cash value payment made to you. This is the maximum that can be refunded to you once the repairs are complete. | (\$1,010.86) |
| LESS DEDUCTIBLE: This amount is your responsibility. | (\$1,000.00) |
| LESS OTHER DEDUCTIONS: | \$0.00 |
| ACTUAL CASH VALUE PAYMENT (This is the amount of the loss payment issued) | \$3,185.93 |

If more damages are found, you should inform us immediately and allow inspection before repairs are made. Not doing so may impact coverage and/or payment for additional damages. We reserve the right to inspect the property or require more information before additional payment is made.

To protect your privacy and security, please remove or "black out" sensitive information on any document you submit. Our policy is to protect all personal information submitted.

This letter does not waive any of Meritplan's rights or defenses, under the policy at issue, or otherwise, which it may have now or in the future. All rights and defenses are reserved to Meritplan.

Finally, under the terms of the Policy, there is a suit limitation provision requiring any suit or action with regard to a claim to be filed within one (1) year after the above captioned date of loss.

You may request copies of your claim file documents used in the evaluation of damages.

We are also providing a summary of the claim payment issued for the covered portion of your loss, which includes payment for carpet and carpet padding replacement, repairs to damaged doors, and emergency water mitigation.

The check is in the amount of \$9,884.72 for the actual cash value of the repairs to your property, less your policy deductible.

Under the terms of your policy, some losses are settled based on actual cash value. Your claim is subject to this type of settlement. The actual cash settlement is based on the replacement cost less depreciation. Depreciation is based on the age, use and condition of your property at the time of the loss. The Damage Evaluation section of this letter provides further explanation.

The actual cash value payment has been sent to GMAC Mortgage, LLC. You may reach them at 1.800.766.4622. A photocopy of our adjuster's estimate is enclosed for your records.

You may claim the refundable depreciation by sending us your contractor's final repair invoices. If a contractor was not used, please submit repair receipts showing your repair costs. You must submit your claim for refundable depreciation within reasonable amount of time after the actual cash value payment is made. If you have replaced or repaired the covered damage(s) for less than the Replacement Cost, we will base the payment on your actual repair cost.

| DAMAGE EVALUATION | |
|---|--------------|
| REPLACEMENT COST ESTIMATE: The amount to properly repair your property. | \$11,598.41 |
| LESS CONTRACTORS PROFIT AND OVERHEAD: Withheld Profit & Overhead will be allowed if a contractor is used to complete repairs. Please submit the final repair invoices. | \$0.00 |
| LESS NON-REFUNDABLE DEPRECIATION: The amount that you cannot recover. These item(s) are paid at actual cash value only: Carpet and Carpet Padding | (\$598.44) |
| REPLACEMENT COST AVAILABLE: The amount to properly repair your property properly less the non refundable depreciation. | \$10,999.97 |
| LESS REFUNDABLE DEPRECIATION: This amount deducted from the replacement cost to determine the actual cash value payment made to you. This is the maximum that can be refunded to you once the repairs are complete. | (\$115.25) |
| LESS DEDUCTIBLE: This amount is your responsibility. | (\$1,000.00) |
| LESS OTHER DEDUCTIONS: | \$0.00 |
| ACTUAL CASH VALUE PAYMENT (This is the amount of the loss payment issued) | \$9,884.72 |

If more damages are found, you should inform us immediately and allow inspection before repairs are made. Not doing so may impact coverage and/or payment for additional damages. We reserve the right to inspect the property or require more information before additional payment is made.

To protect your privacy and security, please remove or "black out" sensitive information on any document you submit. Our policy is to protect all personal information submitted.

This letter does not waive any of Meritplan's rights or defenses, under the policy at issue, or otherwise, which it may have now or in the future. All rights and defenses are reserved to Meritplan.